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## Form 303 Household Hazardous Waste Collection Information For Fiscal Year 2002/03

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### A. INTRODUCTION

#### Purpose of this form

This form is to be completed by each jurisdiction in California that is required by the California Integrated Waste Management Board (CIWMB) to report information annually on the collection of household hazardous waste (HHW). The form is specifically intended to fulfill reporting requirements of the Household Hazardous Waste Element of the Countywide Integrated Waste Management Plans. It also contributes to the database the CIWMB and Department of Toxic Substances Control (DTSC) are mandated to develop and maintain for all HHW collection events, facilities, and programs within the state. The completed Form 303 must be submitted to the CIWMB each year.

The completed form for the program sponsored in the previous fiscal year, starting July 1 and ending June 30 is **due** on the **first Monday of October**.

#### Instructions

Detailed instructions have been written to help you complete this form. Please refer to the instructions titled "Instructions for Completing Form 303 Household Hazardous Waste Collection Information" on pages 4 through 8.

One Form 303 must be completed for each facility site that is used with a specific EPA identification number.

Only one form is to be filled out for each site used, regardless of how many times the site has been used throughout the fiscal year. For example, one facility site with one EPA identification number is used for a temporary collection facility five times in one year. Thus, one form will be filled out for this site. If, in addition, another site with another EPA identification number is used for a temporary collection facility in the same year, another form must be filled out.

#### Send to

Department of Toxic Substances Control  
Regulatory Program Development Branch  
Household Hazardous Waste Unit, 11th floor  
P.O. Box 806  
Sacramento, CA 95812-0806  
Attn: William Beckman

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☐ Check here if your agency did not have a collection program. Please complete Part B. Jurisdiction and return one copy only to CIWMB at the address shown above.

☐ Check this box if your agency participated in another agency's program. Please complete Part B. Jurisdiction and D. Sponsors and return one copy only to CIWMB at the address shown above.

**B. JURISDICTION**

Reporting Source	
Service Area	
Agency	
Address	
City	
State	
Zip	
County	
Contact Person	
Phone	(    )
Location of event	

**C. EPA ID NUMBER**

CAH

**D. SPONSORS**

(Check all that apply)	<input type="checkbox"/> County	<input type="checkbox"/> Contractor
	<input type="checkbox"/> City	<input type="checkbox"/> Joint (public/private)
	<input type="checkbox"/> Private Company	<input type="checkbox"/> Non-profit group
	<input type="checkbox"/> Other _____	

**E. PROGRAM TYPE**

(Check all that apply)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Mobile
	<input type="checkbox"/> <u>Temporary (periodic)</u>	<input type="checkbox"/> Recycle only program
	<input type="checkbox"/> Other _____	

**F. LOCATION**

(Check all that apply)	<input type="checkbox"/> One site	<input type="checkbox"/> At a transfer station
	<input type="checkbox"/> Multiple sites	<input type="checkbox"/> On city property
	<input type="checkbox"/> Curbside	<input type="checkbox"/> On county property
	<input type="checkbox"/> At a sanitary landfill	<input type="checkbox"/> On private property
	<input type="checkbox"/> Other _____	

**G. PARTICIPATION**

Number of participants	Participants
Number of days open	Days
Population of service area	People